

Fill in this information to identify your case and this filing:

|   |                |                           |               |           |
|---|----------------|---------------------------|---------------|-----------|
| Debtor 1<br>First Name                                  | <u>PARDELL</u> | Middle Name               | <u>COLVIN</u> | Last Name |
| Debtor 2<br>(Spouse, if filing) First Name              | <u>Schot</u>   | Middle Name               | <u>NEVADA</u> |           |
| United States Bankruptcy Court for the: <u>Southern</u> |                | District of <u>NEVADA</u> |               |           |
| Case number <u>15-16662-MKN</u>                         |                |                           |               |           |

RECEIVED  
AND FILED

2015 DEC 14 PM 2 11

U.S. BANKRUPTCY COURT

MARY A. SCHOTTO CLERK

Check if this is an  
amended filing

arv

## Official Form 106A/B

**Schedule A/B: Property**

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In****1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?** No. Go to Part 2. Yes. Where is the property?

## 1.1. Street address, if available, or other description

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City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

**What is the property? Check all that apply.**

- Single-family home
- Duplex or multi-unit building
- Condominium or cooperative
- Manufactured or mobile home
- Land
- Investment property
- Timeshare
- Other \_\_\_\_\_

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

**Current value of the entire property? Current value of the portion you own?**

\$ \_\_\_\_\_ \$ \_\_\_\_\_

**Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.**

**Who has an interest in the property? Check one.**

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Check if this is community property (see instructions)

If you own or have more than one, list here:

## 1.2. Street address, if available, or other description

---



---

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

**What is the property? Check all that apply.**

- Single-family home
- Duplex or multi-unit building
- Condominium or cooperative
- Manufactured or mobile home
- Land
- Investment property
- Timeshare
- Other \_\_\_\_\_

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

**Current value of the entire property? Current value of the portion you own?**

\$ \_\_\_\_\_ \$ \_\_\_\_\_

**Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.**

**Who has an interest in the property? Check one.**

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Check if this is community property (see instructions)

**Other information you wish to add about this item, such as local property identification number:** \_\_\_\_\_

Debtor 1

PARDELL

First Name

Colvin

Middle Name

Last Name

Case number (if known)

15-16662-MKN

1.3.

Street address, if available, or other description

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

County \_\_\_\_\_

**What is the property? Check all that apply.**

- Single-family home
- Duplex or multi-unit building
- Condominium or cooperative
- Manufactured or mobile home
- Land
- Investment property
- Timeshare
- Other \_\_\_\_\_

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

**Current value of the entire property? Current value of the portion you own?**

\$ \_\_\_\_\_ \$ \_\_\_\_\_

**Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.**

**Who has an interest in the property? Check one.**

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

**Check if this is community property (see instructions)**

**Other information you wish to add about this item, such as local property identification number:** \_\_\_\_\_

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here. ....

→ \$ 0

## Part 2: Describe Your Vehicles

**Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.**

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

- No  
 Yes

3.1. Make: \_\_\_\_\_

**Who has an interest in the property? Check one.**

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

**Current value of the entire property? Current value of the portion you own?**

\$ \_\_\_\_\_ \$ \_\_\_\_\_

**Check if this is community property (see instructions)**

If you own or have more than one, describe here:

3.2. Make: \_\_\_\_\_

**Who has an interest in the property? Check one.**

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

**Current value of the entire property? Current value of the portion you own?**

\$ \_\_\_\_\_ \$ \_\_\_\_\_

**Check if this is community property (see instructions)**

Debtor 1

PARKERFirst Name  
Middle NameColvin

Last Name

Case number (if known)

15-16662-MKN

3.3. Make: \_\_\_\_\_

**Who has an interest in the property?** Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Model: \_\_\_\_\_

**Current value of the entire property?** \_\_\_\_\_ **Current value of the portion you own?** \_\_\_\_\_

Year: \_\_\_\_\_

Approximate mileage: \_\_\_\_\_

Other information:  
 **Check if this is community property (see instructions)**

\$ \_\_\_\_\_ \$ \_\_\_\_\_

3.4. Make: \_\_\_\_\_

**Who has an interest in the property?** Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Model: \_\_\_\_\_

**Current value of the entire property?** \_\_\_\_\_ **Current value of the portion you own?** \_\_\_\_\_

Year: \_\_\_\_\_

Approximate mileage: \_\_\_\_\_

Other information:  
 **Check if this is community property (see instructions)**

\$ \_\_\_\_\_ \$ \_\_\_\_\_

**4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories***Examples:* Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories No Yes

4.1. Make: \_\_\_\_\_

**Who has an interest in the property?** Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Model: \_\_\_\_\_

**Current value of the entire property?** \_\_\_\_\_ **Current value of the portion you own?** \_\_\_\_\_

Year: \_\_\_\_\_

Other information:  
 **Check if this is community property (see instructions)**

\$ \_\_\_\_\_ \$ \_\_\_\_\_

If you own or have more than one, list here:

4.2. Make: \_\_\_\_\_

**Who has an interest in the property?** Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Model: \_\_\_\_\_

**Current value of the entire property?** \_\_\_\_\_ **Current value of the portion you own?** \_\_\_\_\_

Year: \_\_\_\_\_

Other information:  
 **Check if this is community property (see instructions)**

\$ \_\_\_\_\_ \$ \_\_\_\_\_

**5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here** ..... →

Debtor 1

PARDELL

Middle Name

Calvin

Last Name

Case number (if known)

15-16662-MKN

**Part 3: Describe Your Personal and Household Items****Do you own or have any legal or equitable interest in any of the following items?****Current value of the portion you own?**

Do not deduct secured claims or exemptions.

**6. Household goods and furnishings***Examples: Major appliances, furniture, linens, china, kitchenware* No Yes. Describe.....

\$

**7. Electronics***Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games* No Yes. Describe.....

\$

**8. Collectibles of value***Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles* No Yes. Describe.....

\$

**9. Equipment for sports and hobbies***Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments* No Yes. Describe.....

\$

**10. Firearms***Examples: Pistols, rifles, shotguns, ammunition, and related equipment* No Yes. Describe.....

\$

**11. Clothes***Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories* No Yes. Describe.....

4 pair of jeans, shorts, 2 pair of shoes

\$ 250.00

**12. Jewelry***Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver* No Yes. Describe.....

\$

**13. Non-farm animals***Examples: Dogs, cats, birds, horses* No Yes. Describe.....

\$

**14. Any other personal and household items you did not already list, including any health aids you did not list** No Yes. Give specific information. ....

\$

**15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here**

\$ 250.00

Debtor 1

PARZELL

First Name

Colvin

Middle Name

Last Name

Case number (if known)

15-16662-MKN**Part 4: Describe Your Financial Assets****Do you own or have any legal or equitable interest in any of the following?****Current value of the portion you own?**

Do not deduct secured claims or exemptions.

**16. Cash***Examples:* Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition No Yes .....Cash: 25.00\$ 25.00**17. Deposits of money***Examples:* Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. No Yes .....

Institution name:

|                                |       |          |
|--------------------------------|-------|----------|
| 17.1. Checking account:        | ..... | \$ ..... |
| 17.2. Checking account:        | ..... | \$ ..... |
| 17.3. Savings account:         | ..... | \$ ..... |
| 17.4. Savings account:         | ..... | \$ ..... |
| 17.5. Certificates of deposit: | ..... | \$ ..... |
| 17.6. Other financial account: | ..... | \$ ..... |
| 17.7. Other financial account: | ..... | \$ ..... |
| 17.8. Other financial account: | ..... | \$ ..... |
| 17.9. Other financial account: | ..... | \$ ..... |

**18. Bonds, mutual funds, or publicly traded stocks***Examples:* Bond funds, investment accounts with brokerage firms, money market accounts No Yes .....

Institution or issuer name:

|       |          |
|-------|----------|
| ..... | \$ ..... |
| ..... | \$ ..... |
| ..... | \$ ..... |

**19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture** No Yes. Give specific information about them.....

| Name of entity: | % of ownership: |
|-----------------|-----------------|
| .....           | 0% %            |
| .....           | 0% %            |
| .....           | 0% %            |

Debtor 1

PARDELL  
First Name  
Middle NameColvin  
Last Name

Case number (if known)

15-16662-MKN**20. Government and corporate bonds and other negotiable and non-negotiable instruments**

*Negotiable instruments* include personal checks, cashiers' checks, promissory notes, and money orders.  
*Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them.

 No Yes. Give specific information about them.....

Issuer name:

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\$  
\$  
\$  
**21. Retirement or pension accounts**

*Examples:* Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

 No Yes. List each account separately.

Type of account: Institution name:

401(k) or similar plan: \_\_\_\_\_ \$\_\_\_\_\_

Pension plan: \_\_\_\_\_ \$\_\_\_\_\_

IRA: \_\_\_\_\_ \$\_\_\_\_\_

Retirement account: \_\_\_\_\_ \$\_\_\_\_\_

Keogh: \_\_\_\_\_ \$\_\_\_\_\_

Additional account: \_\_\_\_\_ \$\_\_\_\_\_

Additional account: \_\_\_\_\_ \$\_\_\_\_\_

**22. Security deposits and prepayments**

Your share of all unused deposits you have made so that you may continue service or use from a company

*Examples:* Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

 No Yes.....

Institution name or individual:

Electric: \_\_\_\_\_ \$\_\_\_\_\_

Gas: \_\_\_\_\_ \$\_\_\_\_\_

Heating oil: \_\_\_\_\_ \$\_\_\_\_\_

Security deposit on rental unit: \_\_\_\_\_ \$\_\_\_\_\_

Prepaid rent: \_\_\_\_\_ \$\_\_\_\_\_

Telephone: \_\_\_\_\_ \$\_\_\_\_\_

Water: \_\_\_\_\_ \$\_\_\_\_\_

Rented furniture: \_\_\_\_\_ \$\_\_\_\_\_

Other: \_\_\_\_\_ \$\_\_\_\_\_

**23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)** No Yes.....

Issuer name and description:

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\$  
\$  
\$



Debtor 1

PARDELL Colvin

First Name Middle Name Last Name

Case number (if known)

15-16662-MKN**31. Interests in insurance policies***Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance* No Yes. Name the insurance company  
of each policy and list its value.

Company name:

Beneficiary:

Surrender or refund value:

|       |       |          |
|-------|-------|----------|
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |

**32. Any interest in property that is due you from someone who has died***If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.* No Yes. Give specific information.....

|       |          |
|-------|----------|
| _____ | \$ _____ |
|-------|----------|

**33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment***Examples: Accidents, employment disputes, insurance claims, or rights to sue* No Yes. Describe each claim.....

|   |                 |
|---|-----------------|
| <i>will in grant ENDS COPT for rent, harassment<br/>emotion, distress, illegal eviction</i> | \$ <u>2,500</u> |
|---|-----------------|

**34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims** No Yes. Describe each claim.....

|       |          |
|-------|----------|
| _____ | \$ _____ |
|-------|----------|

**35. Any financial assets you did not already list** No Yes. Give specific information.....

|       |          |
|-------|----------|
| _____ | \$ _____ |
|-------|----------|

**36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here** →

|             |
|-------------|
| \$ <u>0</u> |
|-------------|

**Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.****37. Do you own or have any legal or equitable interest in any business-related property?** No. Go to Part 6. Yes. Go to line 38.

Current value of the portion you own?

Do not deduct secured claims or exemptions.

**38. Accounts receivable or commissions you already earned** No Yes. Describe.....

|       |          |
|-------|----------|
| _____ | \$ _____ |
|-------|----------|

**39. Office equipment, furnishings, and supplies***Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices* No Yes. Describe.....

|       |          |
|-------|----------|
| _____ | \$ _____ |
|-------|----------|

Debtor 1

PAROE

First Name

Middle Name

Colvin

Last Name

Case number (if known)

15-16662-MKN

## 40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade

 No Yes. Describe.....

\$

## 41. Inventory

 No Yes. Describe.....

\$

## 42. Interests in partnerships or joint ventures

 No Yes. Describe..... Name of entity:

% of ownership:

\_\_\_\_\_ %

\$ \_\_\_\_\_

\_\_\_\_\_ %

\$ \_\_\_\_\_

\_\_\_\_\_ %

\$ \_\_\_\_\_

## 43. Customer lists, mailing lists, or other compilations

 No Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))? No Yes. Describe.....

\$

## 44. Any business-related property you did not already list

 No Yes. Give specific information .....

\$

\$

\$

\$

\$

\$

\$

45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here ..... →

\$

10

**Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.**  
 If you own or have an interest in farmland, list it in Part 1.

## 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

 No. Go to Part 7. Yes. Go to line 47.

Current value of the portion you own?

Do not deduct secured claims or exemptions.

## 47. Farm animals

Examples: Livestock, poultry, farm-raised fish

 No Yes.....

\$

Debtor 1

PARDELL COLVIN

First Name Middle Name

Last Name

Case number (if known)

15-16662-MKN

## 48. Crops—either growing or harvested

 No Yes. Give specific information.....

|  |          |
|--|----------|
|  | \$ _____ |
|--|----------|

## 49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade

 No Yes.....

|  |          |
|--|----------|
|  | \$ _____ |
|--|----------|

## 50. Farm and fishing supplies, chemicals, and feed

 No Yes.....

|  |          |
|--|----------|
|  | \$ _____ |
|--|----------|

## 51. Any farm- and commercial fishing-related property you did not already list

 No Yes. Give specific information.....

|  |          |
|--|----------|
|  | \$ _____ |
|--|----------|

## 52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here .....



|  |             |
|--|-------------|
|  | \$ <u>0</u> |
|--|-------------|

**Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above**

## 53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

 No Yes. Give specific information.....

|  |          |
|--|----------|
|  | \$ _____ |
|  | \$ _____ |
|  | \$ _____ |

## 54. Add the dollar value of all of your entries from Part 7. Write that number here .....



|  |             |
|--|-------------|
|  | \$ <u>0</u> |
|--|-------------|

**Part 8: List the Totals of Each Part of this Form**

55. Part 1: Total real estate, line 2 ..... → \$ \_\_\_\_\_

56. Part 2: Total vehicles, line 5 \$ \_\_\_\_\_

57. Part 3: Total personal and household items, line 15 \$ 250.00

58. Part 4: Total financial assets, line 36 \$ \_\_\_\_\_

59. Part 5: Total business-related property, line 45 \$ \_\_\_\_\_

60. Part 6: Total farm- and fishing-related property, line 52 \$ \_\_\_\_\_

61. Part 7: Total other property not listed, line 54 + \$ \_\_\_\_\_

62. Total personal property. Add lines 56 through 61. .... \$ \_\_\_\_\_ Copy personal property total → + \$ 250.0063. Total of all property on Schedule A/B. Add line 55 + line 62. .... \$ 250.00

Fill in this information to identify your case:

|  |                    |             |                |           |
|--|--------------------|-------------|----------------|-----------|
| Debtor 1<br>First Name   | <u>PAROZ</u>       | Middle Name | <u>COLVIN</u>  | Last Name |
| Debtor 2<br>(Spouse, if filing) First Name                           | <u>Sarah</u>       | Middle Name | <u>NEILSON</u> |           |
| United States Bankruptcy Court for the:<br>Case number<br>(if known) | <u>15-1662-MKN</u> |             |                |           |

Check if this is an amended filing

## Official Form 106C

### Schedule C: The Property You Claim as Exempt

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

#### Part 1: Identify the Property You Claim as Exempt

N/A

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

| Brief description of the property and line on<br><i>Schedule A/B</i> that lists this property | Current value of the<br>portion you own    | Amount of the exemption you claim   | Specific laws that allow exemption |
|---|--|---|------------------------------------|
|   | Copy the value from<br><i>Schedule A/B</i> | Check only one box for each exemption.  |                                    |
| Brief description: _____  | \$ _____                                   | <input type="checkbox"/> \$ _____   |                                    |
| Line from<br><i>Schedule A/B</i> : _____  |  | <input type="checkbox"/> 100% of fair market value, up to<br>any applicable statutory limit | _____                              |
| Brief description: _____  | \$ _____                                   | <input type="checkbox"/> \$ _____   |                                    |
| Line from<br><i>Schedule A/B</i> : _____  |  | <input type="checkbox"/> 100% of fair market value, up to<br>any applicable statutory limit | _____                              |
| Brief description: _____  | \$ _____                                   | <input type="checkbox"/> \$ _____   |                                    |
| Line from<br><i>Schedule A/B</i> : _____  |  | <input type="checkbox"/> 100% of fair market value, up to<br>any applicable statutory limit | _____                              |

3. Are you claiming a homestead exemption of more than \$155,675?

(Subject to adjustment on 4/01/16 and every 3 years after that for cases filed on or after the date of adjustment.)

- No
- Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
  - No
  - Yes

Debtor 1

PARELL

First Name

Middle Name

Colvin

Last Name

Case number (if known)

15-16662-MKN

**Part 2: Additional Page**N/A

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own<br>Copy the value from Schedule A/B | Amount of the exemption you claim<br>Check only one box for each exemption  | Specific laws that allow exemption |
|---|--|---|------------------------------------|
| Brief description:  | \$ _____   | <input type="checkbox"/> \$ _____<br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | _____                              |
| Line from Schedule A/B:   |  |   |                                    |
| Brief description:  | \$ _____   | <input type="checkbox"/> \$ _____<br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | _____                              |
| Line from Schedule A/B:   |  |   |                                    |
| Brief description:  | \$ _____   | <input type="checkbox"/> \$ _____<br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | _____                              |
| Line from Schedule A/B:   |  |   |                                    |
| Brief description:  | \$ _____   | <input type="checkbox"/> \$ _____<br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | _____                              |
| Line from Schedule A/B:   |  |   |                                    |
| Brief description:  | \$ _____   | <input type="checkbox"/> \$ _____<br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | _____                              |
| Line from Schedule A/B:   |  |   |                                    |
| Brief description:  | \$ _____   | <input type="checkbox"/> \$ _____<br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | _____                              |
| Line from Schedule A/B:   |  |   |                                    |
| Brief description:  | \$ _____   | <input type="checkbox"/> \$ _____<br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | _____                              |
| Line from Schedule A/B:   |  |   |                                    |
| Brief description:  | \$ _____   | <input type="checkbox"/> \$ _____<br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | _____                              |
| Line from Schedule A/B:   |  |   |                                    |
| Brief description:  | \$ _____   | <input type="checkbox"/> \$ _____<br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | _____                              |
| Line from Schedule A/B:   |  |   |                                    |
| Brief description:  | \$ _____   | <input type="checkbox"/> \$ _____<br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | _____                              |
| Line from Schedule A/B:   |  |   |                                    |
| Brief description:  | \$ _____   | <input type="checkbox"/> \$ _____<br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | _____                              |
| Line from Schedule A/B:   |  |   |                                    |
| Brief description:  | \$ _____   | <input type="checkbox"/> \$ _____<br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | _____                              |
| Line from Schedule A/B:   |  |   |                                    |
| Brief description:  | \$ _____   | <input type="checkbox"/> \$ _____<br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | _____                              |
| Line from Schedule A/B:   |  |   |                                    |

Fill in this information to identify your case:

|   |                     |             |               |             |           |
|---|---------------------|-------------|---------------|-------------|-----------|
| Debtor 1                                | <u>PARDELL</u>      | First Name  | <u>Colvin</u> | Middle Name | Last Name |
| Debtor 2<br>(Spouse, if filing)         |                     | First Name  |               | Middle Name | Last Name |
| United States Bankruptcy Court for the: | <u>Southern</u>     | District of | <u>NEVADA</u> |             |           |
| Case number<br>(if known)               | <u>15-16662-MKN</u> |             |               |             |           |

Check if this is an amended filing

## Official Form 106D

### Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

#### 1. Do any creditors have claims secured by your property?

- No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.  
 Yes. Fill in all of the information below.

#### Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

| Column A<br>Amount of claim<br>Do not deduct the<br>value of collateral. | Column B<br>Value of collateral<br>that supports this<br>claim | Column C<br>Unsecured<br>portion<br>If any |
|--|--|--|
|--|--|--|

|     |   |          |          |          |
|-----|---|----------|----------|----------|
| 2.1 | Describe the property that secures the claim:<br><br>Creditor's Name _____<br><br>Number Street _____<br><br>City _____ State _____ ZIP Code _____<br><br>Who owes the debt? Check one.<br><br><input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><br><input type="checkbox"/> Check if this claim relates to a community debt<br><br>Date debt was incurred _____<br><br>Last 4 digits of account number _____ | \$ _____ | \$ _____ | \$ _____ |
|     | As of the date you file, the claim is: Check all that apply.<br><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br>Nature of lien. Check all that apply.<br><br><input type="checkbox"/> An agreement you made (such as mortgage or secured car loan)<br><input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)<br><input type="checkbox"/> Judgment lien from a lawsuit<br><input type="checkbox"/> Other (including a right to offset) _____                               |          |          |          |
| 2.2 | Describe the property that secures the claim:<br><br>Creditor's Name _____<br><br>Number Street _____<br><br>City _____ State _____ ZIP Code _____<br><br>Who owes the debt? Check one.<br><br><input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><br><input type="checkbox"/> Check if this claim relates to a community debt<br><br>Date debt was incurred _____<br><br>Last 4 digits of account number _____ | \$ _____ | \$ _____ | \$ _____ |
|     | As of the date you file, the claim is: Check all that apply.<br><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br>Nature of lien. Check all that apply.<br><br><input type="checkbox"/> An agreement you made (such as mortgage or secured car loan)<br><input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)<br><input type="checkbox"/> Judgment lien from a lawsuit<br><input type="checkbox"/> Other (including a right to offset) _____                               |          |          |          |

Add the dollar value of your entries in Column A on this page. Write that number here: \$ \_\_\_\_\_

Debtor 1

PARVEJ

First Name

Middle Name

COLVIN

Last Name

Case number (if known)

15-16662-MKN**Part 1:****Additional Page**

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

**Column A****Amount of claim**

Do not deduct the value of collateral.

**Column B****Value of collateral that supports this claim****Column C**Unsecured portion  
If any

Creditor's Name \_\_\_\_\_

Describe the property that secures the claim: \$ \_\_\_\_\_

\$ \_\_\_\_\_

Number Street \_\_\_\_\_

|       |
|-------|
| _____ |
|-------|

City State ZIP Code \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Who owes the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim relates to a community debt

Nature of lien. Check all that apply.

- An agreement you made (such as mortgage or secured car loan)
- Statutory lien (such as tax lien, mechanic's lien)
- Judgment lien from a lawsuit
- Other (including a right to offset) \_\_\_\_\_

Date debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

Creditor's Name \_\_\_\_\_

Describe the property that secures the claim: \$ \_\_\_\_\_

Number Street \_\_\_\_\_

|       |
|-------|
| _____ |
|-------|

City State ZIP Code \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Who owes the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim relates to a community debt

Nature of lien. Check all that apply.

- An agreement you made (such as mortgage or secured car loan)
- Statutory lien (such as tax lien, mechanic's lien)
- Judgment lien from a lawsuit
- Other (including a right to offset) \_\_\_\_\_

Date debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

Creditor's Name \_\_\_\_\_

Describe the property that secures the claim: \$ \_\_\_\_\_

Number Street \_\_\_\_\_

|       |
|-------|
| _____ |
|-------|

City State ZIP Code \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Who owes the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim relates to a community debt

Nature of lien. Check all that apply.

- An agreement you made (such as mortgage or secured car loan)
- Statutory lien (such as tax lien, mechanic's lien)
- Judgment lien from a lawsuit
- Other (including a right to offset) \_\_\_\_\_

Date debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

Add the dollar value of your entries in Column A on this page. Write that number here: \$ \_\_\_\_\_

|          |
|----------|
| \$ _____ |
| \$ _____ |

If this is the last page of your form, add the dollar value totals from all pages.

Write that number here: \_\_\_\_\_

Debtor 1

PARDELL

First Name

Middle Name

Colvin

Last Name

Case number (if known)

15-16662-MKN**Part 2: List Others to Be Notified for a Debt That You Already Listed**

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Name \_\_\_\_\_

On which line in Part 1 did you enter the creditor? \_\_\_\_\_

Number Street \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

City State ZIP Code \_\_\_\_\_

Name \_\_\_\_\_

On which line in Part 1 did you enter the creditor? \_\_\_\_\_

Number Street \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

City State ZIP Code \_\_\_\_\_

Name \_\_\_\_\_

On which line in Part 1 did you enter the creditor? \_\_\_\_\_

Number Street \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

City State ZIP Code \_\_\_\_\_

Name \_\_\_\_\_

On which line in Part 1 did you enter the creditor? \_\_\_\_\_

Number Street \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

City State ZIP Code \_\_\_\_\_

Name \_\_\_\_\_

On which line in Part 1 did you enter the creditor? \_\_\_\_\_

Number Street \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

City State ZIP Code \_\_\_\_\_

Name \_\_\_\_\_

On which line in Part 1 did you enter the creditor? \_\_\_\_\_

Number Street \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

City State ZIP Code \_\_\_\_\_

Fill in this information to identify your case:

|   |             |           |
|---|-------------|-----------|
| Debtor 1<br>First Name  | Middle Name | Last Name |
| Debtor 2<br>(Spouse, if filing) First Name  | Middle Name | Last Name |
| United States Bankruptcy Court for the: <u>Southern</u> District of <u>Nebraska</u> |             |           |
| Case number<br>(if known) <u>15-1662 - MKN</u>                                      |             |           |

 Check if this is an amended filing

## Official Form 106E/F

## Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

## Part 1: List All of Your PRIORITY Unsecured Claims

## 1. Do any creditors have priority unsecured claims against you?

- No. Go to Part 2.  
 Yes.

## 2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

|  | Total claim                     | Priority amount | Nonpriority amount |
|--|---------------------------------|-----------------|--------------------|
| 2.1  | Last 4 digits of account number | \$              | \$                 |
| Priority Creditor's Name   | When was the debt incurred?     |                 |                    |
| Number Street  |                                 |                 |                    |
| City State ZIP Code  |                                 |                 |                    |
| As of the date you file, the claim is: Check all that apply.   |                                 |                 |                    |
| <input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed  |                                 |                 |                    |
| Type of PRIORITY unsecured claim:  |                                 |                 |                    |
| <input type="checkbox"/> Domestic support obligations<br><input type="checkbox"/> Taxes and certain other debts you owe the government<br><input type="checkbox"/> Claims for death or personal injury while you were intoxicated<br><input type="checkbox"/> Other. Specify _____ |                                 |                 |                    |
| Who incurred the debt? Check one.  |                                 |                 |                    |
| <input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another  |                                 |                 |                    |
| <input type="checkbox"/> Check if this claim is for a community debt   |                                 |                 |                    |
| Is the claim subject to offset?  |                                 |                 |                    |
| <input type="checkbox"/> No<br><input type="checkbox"/> Yes  |                                 |                 |                    |
| 2.2  | Last 4 digits of account number | \$              | \$                 |
| Priority Creditor's Name   | When was the debt incurred?     |                 |                    |
| Number Street  |                                 |                 |                    |
| City State ZIP Code  |                                 |                 |                    |
| As of the date you file, the claim is: Check all that apply.   |                                 |                 |                    |
| <input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed  |                                 |                 |                    |
| Type of PRIORITY unsecured claim:  |                                 |                 |                    |
| <input type="checkbox"/> Domestic support obligations<br><input type="checkbox"/> Taxes and certain other debts you owe the government<br><input type="checkbox"/> Claims for death or personal injury while you were intoxicated<br><input type="checkbox"/> Other. Specify _____ |                                 |                 |                    |
| Who incurred the debt? Check one.  |                                 |                 |                    |
| <input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another  |                                 |                 |                    |
| <input type="checkbox"/> Check if this claim is for a community debt   |                                 |                 |                    |
| Is the claim subject to offset?  |                                 |                 |                    |
| <input type="checkbox"/> No<br><input type="checkbox"/> Yes  |                                 |                 |                    |

Debtor 1

PARZELL

Colvin

Case number (if known)

15-16662-MKN

**Part 1: Your PRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

| Total claim | Priority amount | Nonpriority amount |
|-------------|-----------------|--------------------|
|-------------|-----------------|--------------------|

|                          |                                       |          |          |          |
|--------------------------|---------------------------------------|----------|----------|----------|
| <input type="checkbox"/> | Last 4 digits of account number _____ | \$ _____ | \$ _____ | \$ _____ |
|--------------------------|---------------------------------------|----------|----------|----------|

Priority Creditor's Name

Number Street

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

- No  
 Yes

|                          |                                       |          |          |          |
|--------------------------|---------------------------------------|----------|----------|----------|
| <input type="checkbox"/> | Last 4 digits of account number _____ | \$ _____ | \$ _____ | \$ _____ |
|--------------------------|---------------------------------------|----------|----------|----------|

Priority Creditor's Name

Number Street

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

- No  
 Yes

|                          |                                       |          |          |          |
|--------------------------|---------------------------------------|----------|----------|----------|
| <input type="checkbox"/> | Last 4 digits of account number _____ | \$ _____ | \$ _____ | \$ _____ |
|--------------------------|---------------------------------------|----------|----------|----------|

Priority Creditor's Name

Number Street

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

**Type of PRIORITY unsecured claim:**

- Domestic support obligations  
 Taxes and certain other debts you owe the government  
 Claims for death or personal injury while you were intoxicated  
 Other. Specify \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

**Type of PRIORITY unsecured claim:**

- Domestic support obligations  
 Taxes and certain other debts you owe the government  
 Claims for death or personal injury while you were intoxicated  
 Other. Specify \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

**Type of PRIORITY unsecured claim:**

- Domestic support obligations  
 Taxes and certain other debts you owe the government  
 Claims for death or personal injury while you were intoxicated  
 Other. Specify \_\_\_\_\_

Debtor 1

Parrell

First Name

Middle Name

Colvin

Last Name

Case number (if known)

15-16662-MKN

**Part 2: List All of Your NONPRIORITY Unsecured Claims****3. Do any creditors have nonpriority unsecured claims against you?**

- No. You have nothing to report in this part. Submit this form to the court with your other schedules.  
 Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.**

4.1

Nonpriority Creditor's Name

Last 4 digits of account number

Total claim \$

Number Street

When was the debt incurred?

City State ZIP Code

As of the date you file, the claim is: Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify \_\_\_\_\_

**Who incurred the debt? Check one.**

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

**Is the claim subject to offset?**

- No  
 Yes

4.2

Nonpriority Creditor's Name

Last 4 digits of account number

\$

Number Street

When was the debt incurred?

City State ZIP Code

As of the date you file, the claim is: Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify \_\_\_\_\_

**Who incurred the debt? Check one.**

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

**Is the claim subject to offset?**

- No  
 Yes

4.3

Nonpriority Creditor's Name

Last 4 digits of account number

\$

Number Street

When was the debt incurred?

City State ZIP Code

As of the date you file, the claim is: Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify \_\_\_\_\_

**Who incurred the debt? Check one.**

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

**Is the claim subject to offset?**

- No  
 Yes

Debtor 1

PARKE  
First Name Middle NameColvin  
Last Name

Case number (if known)

15-16662-MKN

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim \$ \_\_\_\_\_

|  |  |
|--|--|
| <input type="checkbox"/><br><br>Nonpriority Creditor's Name _____<br><br>Number Street _____<br><br>City _____ State _____ ZIP Code _____  | Last 4 digits of account number _____ \$ _____<br><br>When was the debt incurred? _____<br><br>As of the date you file, the claim is: Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed |
| Who incurred the debt? Check one.<br><input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another                                 |  |
| <input type="checkbox"/> Check if this claim is for a community debt   |  |
| Is the claim subject to offset?<br><input type="checkbox"/> No<br><input type="checkbox"/> Yes   |  |
| <br><br><input type="checkbox"/><br><br>Nonpriority Creditor's Name _____<br><br>Number Street _____<br><br>City _____ State _____ ZIP Code _____  |  |
| Last 4 digits of account number _____ \$ _____<br><br>When was the debt incurred? _____<br><br>As of the date you file, the claim is: Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed |  |
| Who incurred the debt? Check one.<br><input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another                                 |  |
| <input type="checkbox"/> Check if this claim is for a community debt   |  |
| Is the claim subject to offset?<br><input type="checkbox"/> No<br><input type="checkbox"/> Yes   |  |
| <br><br><input type="checkbox"/><br><br>Nonpriority Creditor's Name _____<br><br>Number Street _____<br><br>City _____ State _____ ZIP Code _____  |  |
| Last 4 digits of account number _____ \$ _____<br><br>When was the debt incurred? _____<br><br>As of the date you file, the claim is: Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed |  |
| Who incurred the debt? Check one.<br><input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another                                 |  |
| <input type="checkbox"/> Check if this claim is for a community debt   |  |
| Is the claim subject to offset?<br><input type="checkbox"/> No<br><input type="checkbox"/> Yes   |  |

Debtor 1

PARKER / Colvin

|            |             |           |
|------------|-------------|-----------|
| First Name | Middle Name | Last Name |
|------------|-------------|-----------|

Case number (if known)

15-1662-MKN**Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name \_\_\_\_\_

On which entry in Part 1 or Part 2 did you list the original creditor?

- Line \_\_\_\_ of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Number Street \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

On which entry in Part 1 or Part 2 did you list the original creditor?

- Line \_\_\_\_ of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

On which entry in Part 1 or Part 2 did you list the original creditor?

- Line \_\_\_\_ of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Name \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

On which entry in Part 1 or Part 2 did you list the original creditor?

- Line \_\_\_\_ of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Number Street \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

On which entry in Part 1 or Part 2 did you list the original creditor?

- Line \_\_\_\_ of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

On which entry in Part 1 or Part 2 did you list the original creditor?

- Line \_\_\_\_ of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Name \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

On which entry in Part 1 or Part 2 did you list the original creditor?

- Line \_\_\_\_ of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Number Street \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Debtor 1

PARCEL) Colvin

|            |             |           |
|------------|-------------|-----------|
| First Name | Middle Name | Last Name |
|------------|-------------|-----------|

Case number (if known) 15-16662-MKN**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159.  
Add the amounts for each type of unsecured claim.

Total claims from Part 1

- 6a. Domestic support obligations  
6b. Taxes and certain other debts you owe the government  
6c. Claims for death or personal injury while you were intoxicated  
6d. Other. Add all other priority unsecured claims.  
Write that amount here.
- 6e. Total. Add lines 6a through 6d.

**Total claim**

6a. \$ 6,000  
6b. \$ 10,000  
6c. \$ \_\_\_\_\_  
6d. + \$ \_\_\_\_\_

6e. \$ 16,000

Total claims from Part 2

- 6f. Student loans  
6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
6h. Debts to pension or profit-sharing plans, and other similar debts  
6i. Other. Add all other nonpriority unsecured claims.  
Write that amount here.
- 6j. Total. Add lines 6f through 6i.

**Total claim**

6f. \$ 0  
6g. \$ 0  
6h. \$ 0  
6i. + \$ \_\_\_\_\_  
6j. \$ 0

Fill in this information to identify your case:

|   |                     |                           |
|---|---------------------|---------------------------|
| Debtor                                  | <u>PARKE</u>        | <u>COLVIN</u>             |
|   | First Name          | Middle Name               |
| Debtor 2<br>(Spouse if filing)          |                     | Last Name                 |
| United States Bankruptcy Court for the: | <u>Southern</u>     | District of <u>NEVADA</u> |
| Case number<br>(if known)               | <u>15-16662-MRN</u> |                           |

Check if this is an amended filing

## Official Form 106G

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

- No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.  
 Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

2.1 William CROFT  
 Name  
2275 S. Pioner way  
 Number Street  
LAS VEGAS NV 89117  
 City State ZIP Code

Residential Property

2.2 EVAS CROFT  
 Name  
2275 S. Pioner way  
 Number Street  
LAS VEGAS NV 89117  
 City State ZIP Code

Residential Property

2.3  
 Name  
 Number Street  
 City State ZIP Code

2.4  
 Name  
 Number Street  
 City State ZIP Code

2.5  
 Name  
 Number Street  
 City State ZIP Code

Debtor 1

Powell

First Name

Colvin

Middle Name

Last Name

Case number (if known)

15-16662-MKN**Additional Page if You Have More Contracts or Leases****Person or company with whom you have the contract or lease****What the contract or lease is for**

22

Name \_\_\_\_\_

Number Street \_\_\_\_\_

City State ZIP Code \_\_\_\_\_

2.

Name \_\_\_\_\_

Number Street \_\_\_\_\_

City State ZIP Code \_\_\_\_\_

2.

Name \_\_\_\_\_

Number Street \_\_\_\_\_

City State ZIP Code \_\_\_\_\_

2.

Name \_\_\_\_\_

Number Street \_\_\_\_\_

City State ZIP Code \_\_\_\_\_

2.

Name \_\_\_\_\_

Number Street \_\_\_\_\_

City State ZIP Code \_\_\_\_\_

2.

Name \_\_\_\_\_

Number Street \_\_\_\_\_

City State ZIP Code \_\_\_\_\_

2.

Name \_\_\_\_\_

Number Street \_\_\_\_\_

City State ZIP Code \_\_\_\_\_

2.

Name \_\_\_\_\_

Number Street \_\_\_\_\_

City State ZIP Code \_\_\_\_\_

Fill in this information to identify your case:

|   |             |           |
|---|-------------|-----------|
| Debtor 1<br>First Name  | Middle Name | Last Name |
| Debtor 2<br>(Spouse, if filing) First Name  | Middle Name | Last Name |
| United States Bankruptcy Court for the: <u>Southern</u> District of <u>NEVADA</u> |             |           |
| Case number<br>(if known) <u>15-1662-MKN</u>                                      |             |           |

Check if this is an amended filing

## Official Form 106H

### Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

No  
 Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No. Go to line 3.  
 Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

No  
 Yes. In which community state or territory did you live? \_\_\_\_\_ Fill in the name and current address of that person.

Name of your spouse, former spouse, or legal equivalent

Number Street

City State ZIP Code

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

#### Column 1: Your codebtor

#### Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

Schedule D, line \_\_\_\_\_  
 Schedule E/F, line \_\_\_\_\_  
 Schedule G, line \_\_\_\_\_

Schedule D, line \_\_\_\_\_  
 Schedule E/F, line \_\_\_\_\_  
 Schedule G, line \_\_\_\_\_

Schedule D, line \_\_\_\_\_  
 Schedule E/F, line \_\_\_\_\_  
 Schedule G, line \_\_\_\_\_

3.1

Name \_\_\_\_\_

Number Street \_\_\_\_\_

City State ZIP Code \_\_\_\_\_

3.2

Name \_\_\_\_\_

Number Street \_\_\_\_\_

City State ZIP Code \_\_\_\_\_

3.3

Name \_\_\_\_\_

Number Street \_\_\_\_\_

City State ZIP Code \_\_\_\_\_

Debtor 1

PARNELL

First Name

Middle Name

Colvin

Last Name

Case number (if known)

15-16662-MKN**Additional Page to List More Codebtors****Column 1: Your codebtor**

3. \_\_

Name \_\_\_\_\_

Number Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

3. \_\_

Name \_\_\_\_\_

Number Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

3. \_\_

Name \_\_\_\_\_

Number Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

3. \_\_

Name \_\_\_\_\_

Number Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

3. \_\_

Name \_\_\_\_\_

Number Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

3. \_\_

Name \_\_\_\_\_

Number Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

3. \_\_

Name \_\_\_\_\_

Number Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

3. \_\_

Name \_\_\_\_\_

Number Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

**Column 2: The creditor to whom you owe the debt**

Check all schedules that apply:

 Schedule D, line \_\_\_\_\_ Schedule E/F, line \_\_\_\_\_ Schedule G, line \_\_\_\_\_ Schedule D, line \_\_\_\_\_ Schedule E/F, line \_\_\_\_\_ Schedule G, line \_\_\_\_\_ Schedule D, line \_\_\_\_\_ Schedule E/F, line \_\_\_\_\_ Schedule G, line \_\_\_\_\_ Schedule D, line \_\_\_\_\_ Schedule E/F, line \_\_\_\_\_ Schedule G, line \_\_\_\_\_ Schedule D, line \_\_\_\_\_ Schedule E/F, line \_\_\_\_\_ Schedule G, line \_\_\_\_\_ Schedule D, line \_\_\_\_\_ Schedule E/F, line \_\_\_\_\_ Schedule G, line \_\_\_\_\_ Schedule D, line \_\_\_\_\_ Schedule E/F, line \_\_\_\_\_ Schedule G, line \_\_\_\_\_ Schedule D, line \_\_\_\_\_ Schedule E/F, line \_\_\_\_\_ Schedule G, line \_\_\_\_\_

Fill in this information to identify your case:

|   |                     |                           |
|---|---------------------|---------------------------|
| Debtor 1                                | <u>PARWELL</u>      | <u>COLVIN</u>             |
| First Name                              | Middle Name         | Last Name                 |
| Debtor 2<br>(Spouse, if filing)         | First Name          | Middle Name               |
| United States Bankruptcy Court for the: | <u>Southern</u>     | District of <u>NEVADA</u> |
| Case number<br>(if known)               | <u>15-16662-MKN</u> |                           |

Check if this is:

- An amended filing  
 A supplement showing postpetition chapter 13 income as of the following date:  
 MM / DD / YYYY

## Official Form 106I

### Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Debtor 1

Debtor 2 or non-filing spouse

- Employed  
 Not employed

- Employed  
 Not employed

Occupation

Construction

Employer's name

Premier Builders

Employer's address

3991 E 44TH STREET

Number Street

Number Street

TICKEN AR 85913

City State ZIP Code

City State ZIP Code

How long employed there?

3 months

#### Part 2: Give Details About Monthly Income

I bring home about 2,000 a month

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.
3. Estimate and list monthly overtime pay.
4. Calculate gross income. Add line 2 + line 3.

For Debtor 1

\$ 2600

For Debtor 2 or non-filing spouse

\$ \_\_\_\_\_

3. + \$ 0

+ \$ \_\_\_\_\_

4. 

|                |
|----------------|
| \$ <u>2600</u> |
|----------------|

\$ \_\_\_\_\_

Debtor 1

Parker

First Name

Middle Name

Colvin

Last Name

Case number (if known)

15-16662-mkn

Copy line 4 here.....

→ 4.

\$ 2,600

\$ \_\_\_\_\_

## 5. List all payroll deductions:

|   |                    |            |
|---|--------------------|------------|
| 5a. Tax, Medicare, and Social Security deductions                               | 5a. \$ <u>300</u>  | \$ _____   |
| 5b. Mandatory contributions for retirement plans                                | 5b. \$ _____       | \$ _____   |
| 5c. Voluntary contributions for retirement plans                                | 5c. \$ _____       | \$ _____   |
| 5d. Required repayments of retirement fund loans                                | 5d. \$ _____       | \$ _____   |
| 5e. Insurance   | 5e. \$ _____       | \$ _____   |
| 5f. Domestic support obligations  | 5f. \$ <u>100</u>  | \$ _____   |
| 5g. Union dues  | 5g. \$ _____       | \$ _____   |
| 5h. Other deductions. Specify: _____  | 5h. + \$ _____     | + \$ _____ |
| 6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h. | 6. \$ <u>900</u>   | \$ _____   |
| 7. Calculate total monthly take-home pay. Subtract line 6 from line 4.          | 7. \$ <u>2,200</u> | \$ _____   |

## 8. List all other income regularly received:

## 8a. Net income from rental property and from operating a business, profession, or farm

Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.

8a. \$ 0 \$ \_\_\_\_\_

## 8b. Interest and dividends

8b. \$ 0 \$ \_\_\_\_\_

## 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive

Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.

8c. \$ 0 \$ \_\_\_\_\_

## 8d. Unemployment compensation

8d. \$ 0 \$ \_\_\_\_\_

## 8e. Social Security

8e. \$ 0 \$ \_\_\_\_\_

## 8f. Other government assistance that you regularly receive

Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.

Specify: \_\_\_\_\_

8f. \$ 0 \$ \_\_\_\_\_

## 8g. Pension or retirement income

8g. \$ 0 \$ \_\_\_\_\_

## 8h. Other monthly income. Specify: \_\_\_\_\_

8h. + \$ 0 + \$ \_\_\_\_\_

## 9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.

9. \$ 0 \$ \_\_\_\_\_

## 10. Calculate monthly income. Add line 7 + line 9.

Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.

10. \$ 0 + \$ 0 = \$ 0

## 11. State all other regular contributions to the expenses that you list in Schedule J.

Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.

Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.

Specify: \_\_\_\_\_

11. + \$ 0

## 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.

Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies

12.

\$ 0

Combined monthly income

## 13. Do you expect an increase or decrease within the year after you file this form?

 No. Yes. Explain: \_\_\_\_\_

Fill in this information to identify your case:

|   |             |                       |
|---|-------------|-----------------------|
| Debtor 1<br>First Name  | Middle Name | Last Name             |
| Debtor 2<br>(Spouse, if filing) First Name                          | Middle Name | Last Name             |
| United States Bankruptcy Court for the: <u>District of Columbia</u> |             | District of <u>DC</u> |
| Case number<br>(if known) <u>15-16662-MKN</u>                       |             |                       |

Check if this is:

- An amended filing  
 A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

## Official Form 106J

### Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Your Household

1. Is this a joint case?

No. Go to line 2.

Yes. Does Debtor 2 live in a separate household?

No

Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

2. Do you have dependents?

No

Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Polyester

Dependent's age

10

Does dependent live with you?

No

Yes

No

Yes

No

Yes

No

Yes

No

Yes

3. Do your expenses include

expenses of people other than yourself and your dependents?

No

Yes

#### Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

If not included in line 4:

- 4a. Real estate taxes
- 4b. Property, homeowner's, or renter's insurance
- 4c. Home maintenance, repair, and upkeep expenses
- 4d. Homeowner's association or condominium dues

Your expenses

4. \$ 1750

4a. \$ 0

4b. \$ 0

4c. \$ 0

4d. \$ 0

Debtor 1

Powell      Colon

First Name      Middle Name      Last Name

Case number (if known)

15-16662-mkn

|      |  | <b>Your expenses</b> |
|------|--|----------------------|
| 5.   | <b>Additional mortgage payments for your residence</b> , such as home equity loans   | \$ _____             |
| 6.   | <b>Utilities:</b>  |                      |
| 6a.  | Electricity, heat, natural gas   | \$ 100.00            |
| 6b.  | Water, sewer, garbage collection   | \$ 100.00            |
| 6c.  | Telephone, cell phone, Internet, satellite, and cable services   | \$ _____             |
| 6d.  | Other. Specify: _____  | \$ 70.00             |
| 7.   | <b>Food and housekeeping supplies</b>  | \$ 150.00            |
| 8.   | <b>Childcare and children's education costs</b>  | \$ 0                 |
| 9.   | <b>Clothing, laundry, and dry cleaning</b>   | \$ 100.00            |
| 10.  | <b>Personal care products and services</b>   | \$ 50.00             |
| 11.  | <b>Medical and dental expenses</b>   | \$ 0                 |
| 12.  | <b>Transportation</b> . Include gas, maintenance, bus or train fare.<br>Do not include car payments.   | \$ 20.00             |
| 13.  | <b>Entertainment, clubs, recreation, newspapers, magazines, and books</b>  | \$ 0                 |
| 14.  | <b>Charitable contributions and religious donations</b>  | \$ 0                 |
| 15.  | <b>Insurance</b> .<br>Do not include insurance deducted from your pay or included in lines 4 or 20.  |                      |
| 15a. | Life insurance   | \$ 0                 |
| 15b. | Health insurance   | \$ 0                 |
| 15c. | Vehicle insurance  | \$ 0                 |
| 15d. | Other insurance. Specify: _____  | \$ 0                 |
| 16.  | <b>Taxes</b> . Do not include taxes deducted from your pay or included in lines 4 or 20.<br>Specify: _____   | \$ 500               |
| 17.  | <b>Installment or lease payments:</b>  |                      |
| 17a. | Car payments for Vehicle 1   | \$ 0                 |
| 17b. | Car payments for Vehicle 2   | \$ 0                 |
| 17c. | Other. Specify: _____  | \$ 0                 |
| 17d. | Other. Specify: _____  | \$ 0                 |
| 18.  | <b>Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).</b> | \$ 0                 |
| 19.  | <b>Other payments you make to support others who do not live with you.</b><br>Specify: _____   | \$ 0                 |
| 20.  | <b>Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.</b>   |                      |
| 20a. | Mortgages on other property  | \$ 0                 |
| 20b. | Real estate taxes  | \$ 0                 |
| 20c. | Property, homeowner's, or renter's insurance   | \$ 0                 |
| 20d. | Maintenance, repair, and upkeep expenses   | \$ 50.00             |
| 20e. | Homeowner's association or condominium dues  | \$ 0                 |

Debtor 1

PARNELL

First Name

Colvin

Middle Name

Last Name

Case number (if known)

15-16662-MKN

21. Other. Specify: \_\_\_\_\_

21. +\$ 500 \_\_\_\_\_

|      |                  |
|------|------------------|
| 22a. | \$ <u>500</u>    |
| 22b. | \$ <u>0</u>      |
| 22c. | \$ <u>500.00</u> |

## 22. Calculate your monthly expenses.

22a. Add lines 4 through 21.

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

22c. Add line 22a and 22b. The result is your monthly expenses.

## 23. Calculate your monthly net income.

23a. Copy line 12 (your combined monthly income) from Schedule I.

23a. \$ 2,200 \_\_\_\_\_

23b. Copy your monthly expenses from line 22c above.

23b. -\$ 600 \_\_\_\_\_

23c. Subtract your monthly expenses from your monthly income.

23c. \$ 2,200 \_\_\_\_\_

The result is your monthly net income.

## 24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

 No. Yes.

Explain here:

Fill in this information to identify your case:

|  |                     |                             |               |           |
|--|---------------------|-----------------------------|---------------|-----------|
| Debtor 1<br>First Name                                 | <u>PATRICK</u>      | Middle Name                 | <u>COLVIN</u> | Last Name |
| Debtor 2<br>(Spouse, if filing) First Name             |                     |                             |               | Last Name |
| United States Bankruptcy Court for the: <u>SOPHERN</u> |                     | District of <u>MISSOURI</u> |               |           |
| Case number<br>(if known)                              | <u>15-16662-MKN</u> |                             |               |           |

Check if this is:

- An amended filing  
 A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

## Official Form 106J-2

**Schedule J-2: Expenses for Separate Household of Debtor 2**

12/15

Use this form for Debtor 2's separate household expenses ONLY IF Debtor 1 and Debtor 2 maintain separate households. If Debtor 1 and Debtor 2 have one or more dependents in common, list the dependents on both Schedule J and this form. Answer the questions on this form only with respect to expenses for Debtor 2 that are not reported on Schedule J. Be as complete and accurate as possible. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Describe Your Household****1. Do you and Debtor 1 maintain separate households?**

- No. Do not complete this form.  
 Yes

**2. Do you have dependents?**

Do not list Debtor 1 but list all other dependents of Debtor 2 regardless of whether listed as a dependent of Debtor 1 on Schedule J.

Do not state the dependents' names.

 No Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 2:

DaughterSon     

Dependent's age

101     

Does dependent live with you?

 No  
 Yes No  
 Yes No  
 Yes No  
 Yes No  
 Yes No  
 Yes**3. Do your expenses include expenses of people other than yourself, your dependents, and Debtor 1?** No Yes**Part 2: Estimate Your Ongoing Monthly Expenses**

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)

**4. The rental or home ownership expenses for your residence.** Include first mortgage payments and any rent for the ground or lot.

If not included in line 4:

- 4a. Real estate taxes
- 4b. Property, homeowner's, or renter's insurance
- 4c. Home maintenance, repair, and upkeep expenses
- 4d. Homeowner's association or condominium dues

Your expenses  
 4. \$ 1750.00

4a. \$ 0  
 4b. \$ 0  
 4c. \$ 5000  
 4d. \$ 0

Debtor 1

Parrell

First Name

Colvin

Middle Name

Last Name

Case number (if known)

15-16662-MKN

**5. Additional mortgage payments for your residence**, such as home equity loans**Your expenses**5. \$ 0**6. Utilities:**

6a. Electricity, heat, natural gas

6a. \$ 75.00

6b. Water, sewer, garbage collection

6b. \$ 90.00

6c. Telephone, cell phone, Internet, satellite, and cable services

6c. \$ 0

6d. Other. Specify: \_\_\_\_\_

6d. \$ \_\_\_\_\_

**7. Food and housekeeping supplies**7. \$ 100**8. Childcare and children's education costs**8. \$ 0**9. Clothing, laundry, and dry cleaning**9. \$ 50.00**10. Personal care products and services**10. \$ 0**11. Medical and dental expenses**11. \$ 0**12. Transportation.** Include gas, maintenance, bus or train fare.12. \$ 50.00

Do not include car payments.

**13. Entertainment, clubs, recreation, newspapers, magazines, and books**13. \$ 0**14. Charitable contributions and religious donations**14. \$ 0**15. Insurance.**

Do not include insurance deducted from your pay or included in lines 4 or 20.

15a. \$ 0

15b. Health insurance

15b. \$ 0

15c. Vehicle insurance

15c. \$ 0

15d. Other insurance. Specify: \_\_\_\_\_

15d. \$ \_\_\_\_\_

**16. Taxes.** Do not include taxes deducted from your pay or included in lines 4 or 20.

Specify: \_\_\_\_\_

16. \$ 0**17. Installment or lease payments:**

17a. Car payments for Vehicle 1

17a. \$ 0

17b. Car payments for Vehicle 2

17b. \$ 0

17c. Other. Specify: \_\_\_\_\_

17c. \$ 0

17d. Other. Specify: \_\_\_\_\_

17d. \$ 0**18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).**18. \$ 0**19. Other payments you make to support others who do not live with you.**

Specify: \_\_\_\_\_

19. \$ 0**20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.**

20a. Mortgages on other property

20a. \$ 0

20b. Real estate taxes

20b. \$ 0

20c. Property, homeowner's, or renter's insurance

20c. \$ 0

20d. Maintenance, repair, and upkeep expenses

20d. \$ 50.00

20e. Homeowner's association or condominium dues

20e. \$ 0

Debtor 1

Powell

First Name

Middle Name

Colvin

Last Name

Case number (if known)

15-16662-MKN

21. Other. Specify: \_\_\_\_\_

21. +\$ 8 \_\_\_\_\_

## 22. Your monthly expenses. Add lines 5 through 21.

The result is the monthly expenses of Debtor 2. Copy the result to line 22b of Schedule J to calculate the total expenses for Debtor 1 and Debtor 2.

22. \$ 500,00 \_\_\_\_\_

23. Line not used on this form.

## 24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

 No. Yes.

Explain here:

Fill in this information to identify your case:

|   |              |             |        |           |
|---|--------------|-------------|--------|-----------|
| Debtor 1 First Name                     | PARVEEN      | Middle Name | COLLIN | Last Name |
| Debtor 2 (Spouse, if filing) First Name |              | Middle Name |        | Last Name |
| United States Bankruptcy Court for the: | SOUTHERN     | District of | NEVADA |           |
| Case number (if known)                  | 15-16662-PKU |             |        |           |

Check if this is an amended filing

## Official Form 106Dec

### Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

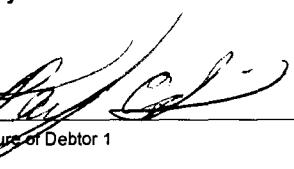
 Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person \_\_\_\_\_ . Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

  
X \_\_\_\_\_  
Signature of Debtor 1

X \_\_\_\_\_  
Signature of Debtor 2

Date 12/13/2015  
MM / DD / YYYY

Date \_\_\_\_\_  
MM / DD / YYYY

Fill in this information to identify your case:

|   |                     |             |                 |             |           |
|---|---------------------|-------------|-----------------|-------------|-----------|
| Debtor 1                                | <u>HARVEY</u>       | First Name  | <u>Colvin</u>   | Middle Name | Last Name |
| Debtor 2<br>(Spouse, if filing)         |                     | First Name  |                 | Middle Name | Last Name |
| United States Bankruptcy Court for the: | <u>Southern</u>     | District of | <u>Nebraska</u> |             |           |
| Case number<br>(if known)               | <u>15-16662-MKN</u> |             |                 |             |           |

Check if this is an amended filing

## Official Form 107

### Statement of Financial Affairs for Individuals Filing for Bankruptcy

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

- Married  
 Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

- No  
 Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1:

Dates Debtor 1 Debtor 2:  
lived there

Dates Debtor 2  
lived there

2555 Gladstone St  
Number Street

Portland OR 97236  
City State ZIP Code

Same as Debtor 1

Same as Debtor 1

From \_\_\_\_\_  
To \_\_\_\_\_

Number Street

From \_\_\_\_\_  
To \_\_\_\_\_

City State ZIP Code

Same as Debtor 1

Same as Debtor 1

From \_\_\_\_\_  
To \_\_\_\_\_

Number Street

From \_\_\_\_\_  
To \_\_\_\_\_

City State ZIP Code

City State ZIP Code

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- No  
 Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).

#### Part 2: Explain the Sources of Your Income

Debtor 1

Powell

First Name

Middle Name

Calvin

Last Name

Case number (if known)

15-16662-Mkn

## 4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.

If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

 No Yes. Fill in the details.From January 1 of current year until  
the date you filed for bankruptcy:

For last calendar year:

(January 1 to December 31, 2015)  
YYYY

For the calendar year before that:

(January 1 to December 31, 2016)  
YYYY

## Debtor 1

Sources of income  
Check all that apply.

- Wages, commissions,  
bonuses, tips  
 Operating a business

- Wages, commissions,  
bonuses, tips  
 Operating a business

- Wages, commissions,  
bonuses, tips  
 Operating a business

Gross Income  
(before deductions and  
exclusions)\$ 20.00 FR\$ 10,000\$ 10,000

## Debtor 2

Sources of income  
Check all that apply.

- Wages, commissions,  
bonuses, tips  
 Operating a business

- Wages, commissions,  
bonuses, tips  
 Operating a business

- Wages, commissions,  
bonuses, tips  
 Operating a business

Gross Income  
(before deductions and  
exclusions)

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

## 5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

 No Yes. Fill in the details.

## Debtor 1

Sources of income  
Describe below.Gross income from  
each source  
(before deductions and  
exclusions)

## Debtor 2

Sources of income  
Describe below.Gross income from  
each source  
(before deductions and  
exclusions)From January 1 of current year until  
the date you filed for bankruptcy:

\$ \_\_\_\_\_ \$ \_\_\_\_\_

\$ \_\_\_\_\_ \$ \_\_\_\_\_

\$ \_\_\_\_\_ \$ \_\_\_\_\_

\$ \_\_\_\_\_ \$ \_\_\_\_\_

For last calendar year:

(January 1 to December 31,       )  
YYYY

\$ \_\_\_\_\_ \$ \_\_\_\_\_

\$ \_\_\_\_\_ \$ \_\_\_\_\_

\$ \_\_\_\_\_ \$ \_\_\_\_\_

\$ \_\_\_\_\_ \$ \_\_\_\_\_

For the calendar year before that:

(January 1 to December 31,       )  
YYYY

\$ \_\_\_\_\_ \$ \_\_\_\_\_

\$ \_\_\_\_\_ \$ \_\_\_\_\_

\$ \_\_\_\_\_ \$ \_\_\_\_\_

\$ \_\_\_\_\_ \$ \_\_\_\_\_

Debtor 1

Powell

First Name

Middle Name

Cduin

Last Name

Case number (if known)

15-16662-Mkn**Part 3: List Certain Payments You Made Before You Filed for Bankruptcy****6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

- No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,225\* or more?

No. Go to line 7.

Yes. List below each creditor to whom you paid a total of \$6,225\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

\* Subject to adjustment on 4/01/16 and every 3 years after that for cases filed on or after the date of adjustment.

Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

No. Go to line 7.

Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

| Creditor's Name                       | Dates of payment | Total amount paid | Amount you still owe | Was this payment for...   |
|---------------------------------------|------------------|-------------------|----------------------|---|
| Number Street                         |                  | \$ _____          | \$ _____             | <input type="checkbox"/> Mortgage<br><input type="checkbox"/> Car<br><input type="checkbox"/> Credit card<br><input type="checkbox"/> Loan repayment<br><input type="checkbox"/> Suppliers or vendors<br><input type="checkbox"/> Other _____ |
| City _____ State _____ ZIP Code _____ |                  |                   |                      |   |
| Creditor's Name                       |                  | \$ _____          | \$ _____             | <input type="checkbox"/> Mortgage<br><input type="checkbox"/> Car<br><input type="checkbox"/> Credit card<br><input type="checkbox"/> Loan repayment<br><input type="checkbox"/> Suppliers or vendors<br><input type="checkbox"/> Other _____ |
| Number Street                         |                  |                   |                      |   |
| City _____ State _____ ZIP Code _____ |                  |                   |                      |   |
| Creditor's Name                       |                  | \$ _____          | \$ _____             | <input type="checkbox"/> Mortgage<br><input type="checkbox"/> Car<br><input type="checkbox"/> Credit card<br><input type="checkbox"/> Loan repayment<br><input type="checkbox"/> Suppliers or vendors<br><input type="checkbox"/> Other _____ |
| Number Street                         |                  |                   |                      |   |
| City _____ State _____ ZIP Code _____ |                  |                   |                      |   |

Debtor 1

Parell

First Name

Middle Name

Colvin

Last Name

Case number (if known)

15-1666-MKN**7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?**

*Insiders* include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

 No Yes. List all payments to an insider.

|                     | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment |
|---------------------|------------------|-------------------|----------------------|-------------------------|
| Insider's Name      |                  | \$                | \$                   |                         |
| Number Street       |                  |                   |                      |                         |
| City State ZIP Code |                  |                   |                      |                         |
| Insider's Name      |                  | \$                | \$                   |                         |
| Number Street       |                  |                   |                      |                         |
| City State ZIP Code |                  |                   |                      |                         |

**8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?**

Include payments on debts guaranteed or cosigned by an insider.

 No Yes. List all payments that benefited an insider.

|                     | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment<br>Include creditor's name |
|---------------------|------------------|-------------------|----------------------|--|
| Insider's Name      |                  | \$                | \$                   |  |
| Number Street       |                  |                   |                      |  |
| City State ZIP Code |                  |                   |                      |  |
| Insider's Name      |                  | \$                | \$                   |  |
| Number Street       |                  |                   |                      |  |
| City State ZIP Code |                  |                   |                      |  |

Debtor 1

PARMEH

Middle Name

Colvin

Last Name

Case number (if known)

15-1666-MKN

**Part 4: Identify Legal Actions, Repossessions, and Foreclosures****9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

 No Yes. Fill in the details.

| Nature of the case                  | Court or agency                       | Status of the case   |
|-------------------------------------|---------------------------------------|--|
| Case title _____<br>_____<br>_____  | Court Name _____<br>_____<br>_____    | <input type="checkbox"/> Pending<br><input type="checkbox"/> On appeal<br><input type="checkbox"/> Concluded |
| Case number _____<br>_____<br>_____ | Number Street _____<br>_____<br>_____ | City _____ State _____ ZIP Code _____  |
| Case title _____<br>_____<br>_____  | Court Name _____<br>_____<br>_____    | <input type="checkbox"/> Pending<br><input type="checkbox"/> On appeal<br><input type="checkbox"/> Concluded |
| Case number _____<br>_____<br>_____ | Number Street _____<br>_____<br>_____ | City _____ State _____ ZIP Code _____  |

**10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?**

Check all that apply and fill in the details below.

 No. Go to line 11. Yes. Fill in the information below.

| Describe the property                                   | Date  | Value of the property |
|---|---|-----------------------|
| Creditor's Name _____<br>_____<br>_____                 | _____   | \$ _____              |
| Number Street _____<br>_____<br>_____                   | <b>Explain what happened</b>  |                       |
|   | <input type="checkbox"/> Property was repossessed.<br><input type="checkbox"/> Property was foreclosed.<br><input type="checkbox"/> Property was garnished.<br><input type="checkbox"/> Property was attached, seized, or levied. |                       |
| City _____ State _____ ZIP Code _____<br>_____<br>_____ | <b>Describe the property</b>  |                       |
| Creditor's Name _____<br>_____<br>_____                 | Date _____  |                       |
| Number Street _____<br>_____<br>_____                   | <b>Explain what happened</b>  |                       |
|   | <input type="checkbox"/> Property was repossessed.<br><input type="checkbox"/> Property was foreclosed.<br><input type="checkbox"/> Property was garnished.<br><input type="checkbox"/> Property was attached, seized, or levied. |                       |
| City _____ State _____ ZIP Code _____<br>_____<br>_____ |   |                       |

Debtor 1

PARDELL

First Name

Middle Name

Colvin

Last Name

Case number (if known)

15-16662-MKN

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

 No

 Yes. Fill in the details.

| Creditor's Name     | Describe the action the creditor took       | Date action was taken | Amount   |
|---------------------|---|-----------------------|----------|
| Number Street       |   |                       | \$ _____ |
| City State ZIP Code | Last 4 digits of account number: XXXX-_____ |                       |          |

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

 No

 Yes

#### Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

 No

 Yes. Fill in the details for each gift.

| Gifts with a total value of more than \$600 per person | Describe the gifts | Dates you gave the gifts | Value    |
|--|--------------------|--------------------------|----------|
| Person to Whom You Gave the Gift                       |                    |                          | \$ _____ |
| Number Street  |                    |                          | \$ _____ |
| City State ZIP Code                                    |                    |                          |          |
| Person's relationship to you                           |                    |                          |          |
| Gifts with a total value of more than \$600 per person | Describe the gifts | Dates you gave the gifts | Value    |
| Person to Whom You Gave the Gift                       |                    |                          | \$ _____ |
| Number Street  |                    |                          | \$ _____ |
| City State ZIP Code                                    |                    |                          |          |
| Person's relationship to you                           |                    |                          |          |

Debtor 1

Paetzl

First Name

Middle Name

Colvin

Last Name

Case number (if known)

15-16662-Mkn

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

 No

 Yes. Fill in the details for each gift or contribution.

**Gifts or contributions to charities  
that total more than \$600**
**Describe what you contributed**
**Date you  
contributed**
**Value**

Charity's Name

\$

Number Street

\$

City State ZIP Code

#### Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

 No

 Yes. Fill in the details.

**Describe the property you lost and  
how the loss occurred**
**Describe any insurance coverage for the loss**
**Date of your  
loss**
**Value of property  
lost**

Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.

\$

#### Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

 No

 Yes. Fill in the details.

**Description and value of any property transferred**
**Date payment or  
transfer was  
made**
**Amount of payment**

Person Who Was Paid

\$

Number Street

\$

City State ZIP Code

Email or website address

Person Who Made the Payment, if Not You

Debtor 1

Powell

First Name

Middle Name

Colvin

Last Name

Case number (if known)

15-16662-Mkn

| Description and value of any property transferred |        |          | Date payment or transfer was made | Amount of payment |
|---|--------|----------|-----------------------------------|-------------------|
| Person Who Was Paid                               |        |          |                                   | \$ _____          |
| Number  | Street |          |                                   | \$ _____          |
| City  | State  | ZIP Code |                                   |                   |
| Email or website address                          |        |          |                                   |                   |
| Person Who Made the Payment, if Not You           |        |          |                                   |                   |

**17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?**  
Do not include any payment or transfer that you listed on line 16.

No

Yes. Fill in the details.

| Description and value of any property transferred |        |          | Date payment or transfer was made | Amount of payment |
|---|--------|----------|-----------------------------------|-------------------|
| Person Who Was Paid                               |        |          |                                   | \$ _____          |
| Number  | Street |          |                                   | \$ _____          |
| City  | State  | ZIP Code |                                   | \$ _____          |

**18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?**

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property).  
Do not include gifts and transfers that you have already listed on this statement.

No

Yes. Fill in the details.

| Description and value of property transferred |        |          | Describe any property or payments received or debts paid in exchange | Date transfer was made |
|---|--------|----------|--|------------------------|
| Person Who Received Transfer                  |        |          |  |                        |
| Number  | Street |          |  |                        |
| City  | State  | ZIP Code |  |                        |
| Person's relationship to you                  |        |          |  |                        |
| Person Who Received Transfer                  |        |          |  |                        |
| Number  | Street |          |  |                        |
| City  | State  | ZIP Code |  |                        |
| Person's relationship to you                  |        |          |  |                        |

Debtor 1

PARDELL

First Name

Middle Name

Colvin

Last Name

Case number (if known)

15-16662-MKN

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)

 No Yes. Fill in the details.

## Description and value of the property transferred

## Date transfer was made

Name of trust \_\_\_\_\_

**Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units**

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

 No Yes. Fill in the details.

## Last 4 digits of account number

## Type of account or instrument

## Date account was closed, sold, moved, or transferred

## Last balance before closing or transfer

Name of Financial Institution

XXXX-\_\_\_\_\_

 Checking

\$\_\_\_\_\_

 Savings

Number Street

 Money market

City State ZIP Code

 Brokerage Other\_\_\_\_\_

Name of Financial Institution

XXXX-\_\_\_\_\_

 Checking

\$\_\_\_\_\_

 Savings

Number Street

 Money market

City State ZIP Code

 Brokerage Other\_\_\_\_\_

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

 No Yes. Fill in the details.

## Who else had access to it?

## Describe the contents

## Do you still have it?

Name of Financial Institution

Name\_\_\_\_\_

 No

Number Street

Number Street\_\_\_\_\_

 Yes

City State ZIP Code

Debtor 1

Powell

First Name

Colvin

Middle Name

Last Name

Case number (if known)

15-16662-MKN

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

 No Yes. Fill in the details.

## Who else has or had access to it?

## Describe the contents

Do you still have it?

Name of Storage Facility

Name

 No Yes

Number Street

Number Street

City State ZIP Code

City State ZIP Code

**Part 9: Identify Property You Hold or Control for Someone Else**

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

 No Yes. Fill in the details.

## Where is the property?

## Describe the property

## Value

Owner's Name

\$ \_\_\_\_\_

Number Street

Number Street

City State ZIP Code

City State ZIP Code

**Part 10: Give Details About Environmental Information**

For the purpose of Part 10, the following definitions apply:

- **Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- **Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- **Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

 No Yes. Fill in the details.

## Governmental unit

## Environmental law, if you know it

## Date of notice

Name of site

Governmental unit

\_\_\_\_\_

Number Street

Number Street

City State ZIP Code

City State ZIP Code

City State ZIP Code

Debtor 1

PARNELL Colvin

First Name Middle Name

Last Name

Case number (if known)

15-16662-MKN

## 25. Have you notified any governmental unit of any release of hazardous material?

 No Yes. Fill in the details.

| Governmental unit |                   | Environmental law, if you know it |       | Date of notice |
|-------------------|-------------------|-----------------------------------|-------|----------------|
| Name of site      | Governmental unit |                                   |       |                |
| Number Street     | Number Street     |                                   |       |                |
|                   |                   | City                              | State | ZIP Code       |
| City              | State             | ZIP Code                          |       |                |

## 26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

 No Yes. Fill in the details.

| Court or agency   | Nature of the case                    | Status of the case                 |
|-------------------|---------------------------------------|------------------------------------|
| Case title _____  | Court Name _____                      | <input type="checkbox"/> Pending   |
|                   | Number Street _____                   | <input type="checkbox"/> On appeal |
| Case number _____ | City _____ State _____ ZIP Code _____ | <input type="checkbox"/> Concluded |

**Part 11: Give Details About Your Business or Connections to Any Business**

## 27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
- A member of a limited liability company (LLC) or limited liability partnership (LLP)
- A partner in a partnership
- An officer, director, or managing executive of a corporation
- An owner of at least 5% of the voting or equity securities of a corporation

 No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business.

| Describe the nature of the business   | Employer identification number<br>Do not include Social Security number or ITIN. |
|---------------------------------------|--|
| Business Name _____                   | EIN: _____   |
| Number Street _____                   | Dates business existed   |
| City _____ State _____ ZIP Code _____ | From _____ To _____  |
| Business Name _____                   | Employer identification number<br>Do not include Social Security number or ITIN. |
| Number Street _____                   | EIN: _____   |
| City _____ State _____ ZIP Code _____ | Dates business existed   |
| Business Name _____                   | From _____ To _____  |
| Number Street _____                   | Employer identification number<br>Do not include Social Security number or ITIN. |
| City _____ State _____ ZIP Code _____ | EIN: _____   |
| Business Name _____                   | Dates business existed   |
| Number Street _____                   | From _____ To _____  |
| City _____ State _____ ZIP Code _____ | Employer identification number<br>Do not include Social Security number or ITIN. |
| Business Name _____                   | EIN: _____   |
| Number Street _____                   | Dates business existed   |
| City _____ State _____ ZIP Code _____ | From _____ To _____  |

Debtor 1

PARNELL

First Name

Middle Name

Colvin

Last Name

Case number (if known)

15-16662-MKN

Business Name \_\_\_\_\_

**Describe the nature of the business**

Number Street \_\_\_\_\_

**Name of accountant or bookkeeper**

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

**Employer identification number**

Do not include Social Security number or ITIN.

EIN: \_\_\_\_\_

**Dates business existed****From** \_\_\_\_\_ **To** \_\_\_\_\_

**28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.**

 No Yes. Fill in the details below.**Date issued**

Name \_\_\_\_\_

MM / DD / YYYY \_\_\_\_\_

Number Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

**Part 12: Sign Below**

I have read the answers on this **Statement of Financial Affairs** and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.  
18 U.S.C. §§ 152, 1341, 1519, and 3571.



Signature of Debtor 1

Date 12/13/2015

Signature of Debtor 2

Date \_\_\_\_\_

Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?

- No  
 Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

 No Yes. Name of person \_\_\_\_\_Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Fill in this information to identify your case:

|   |            |             |                            |
|---|------------|-------------|----------------------------|
| Debtor 1<br><b>PARVEEN</b>  | First Name | Middle Name | Last Name<br><b>COLVIN</b> |
| Debtor 2<br>(Spouse, if filing)   | First Name | Middle Name | Last Name                  |
| United States Bankruptcy Court for the: <b>Southern</b> District of <b>NEVADA</b> |            |             |                            |
| Case number<br>(if known) <b>15-16662-MRN</b>                                     |            |             |                            |

Check one box only as directed in this form and in Form 122A-1Supp:

1. There is no presumption of abuse.
2. The calculation to determine if a presumption of abuse applies will be made under *Chapter 7 Means Test Calculation* (Official Form 122A-2).
3. The Means Test does not apply now because of qualified military service but it could apply later.

- Check if this is an amended filing

## Official Form 122A-1

### Chapter 7 Statement of Your Current Monthly Income

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file *Statement of Exemption from Presumption of Abuse Under § 707(b)(2)* (Official Form 122A-1Supp) with this form.

#### Part 1: Calculate Your Current Monthly Income

1. What is your marital and filing status? Check one only.

- Not married. Fill out Column A, lines 2-11.
- Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11.
- Married and your spouse is NOT filing with you. You and your spouse are:
- Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2-11.
  - Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C. § 707(b)(7)(B).

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

- |  | Column A<br>Debtor 1 | Column B<br>Debtor 2 or<br>non-filing spouse |
|--|----------------------|--|
| 2. Your gross wages, salary, tips, bonuses, overtime, and commissions<br>(before all payroll deductions).  | \$ <u>2,000</u>      | \$ _____                                     |
| 3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.   | \$ <u>0</u>          | \$ _____                                     |
| 4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3. | \$ <u>300.00</u>     | \$ _____                                     |
| 5. Net income from operating a business, profession, or farm<br>Debtor 1      Debtor 2   |                      |  |
| Gross receipts (before all deductions)   | \$ _____             | \$ _____                                     |
| Ordinary and necessary operating expenses  | - \$ _____           | - \$ _____                                   |
| Net monthly income from a business, profession, or farm  | \$ _____             | \$ _____                                     |
| Copy here →  |                      |  |
| 6. Net income from rental and other real property<br>Debtor 1      Debtor 2  |                      |  |
| Gross receipts (before all deductions)   | \$ _____             | \$ _____                                     |
| Ordinary and necessary operating expenses  | - \$ _____           | - \$ _____                                   |
| Net monthly income from rental or other real property  | \$ _____             | \$ _____                                     |
| Copy here →  |                      |  |
| 7. Interest, dividends, and royalties  | \$ _____             | \$ _____                                     |



Fill in this information to identify your case:

|   |                     |             |                            |
|---|---------------------|-------------|----------------------------|
| Debtor 1<br><b>PARNELL</b>  | First Name          | Middle Name | Last Name<br><b>Calvin</b> |
| Debtor 2<br>(Spouse, if filing)   | First Name          | Middle Name | Last Name                  |
| United States Bankruptcy Court for the: <b>SOPHIA</b> District of <b>NEVADA</b> |                     |             |                            |
| Case number<br>(If known)   | <b>15-16662-MKL</b> |             |                            |

Check if this is an amended filing

## Official Form 122A-1Supp

### Statement of Exemption from Presumption of Abuse Under § 707(b)(2) 12/15

File this supplement together with *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1), if you believe that you are exempted from a presumption of abuse. Be as complete and accurate as possible. If two married people are filing together, and any of the exclusions in this statement applies to only one of you, the other person should complete a separate Form 122A-1 if you believe that this is required by 11 U.S.C. § 707(b)(2)(C).

#### Part 1: Identify the Kind of Debts You Have

- Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." Make sure that your answer is consistent with the answer you gave at line 16 of the *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101).
  - No. Go to Form 122A-1; on the top of page 1 of that form, check box 1, *There is no presumption of abuse*, and sign Part 3. Then submit this supplement with the signed Form 122A-1.
  - Yes. Go to Part 2.

#### Part 2: Determine Whether Military Service Provisions Apply to You

- Are you a disabled veteran (as defined in 38 U.S.C. § 3741(1))?
  - No. Go to line 3.
  - Yes. Did you incur debts mostly while you were on active duty or while you were performing a homeland defense activity? 10 U.S.C. § 101(d)(1); 32 U.S.C. § 901(1).
    - No. Go to line 3.
    - Yes. Go to Form 122A-1; on the top of page 1 of that form, check box 1, *There is no presumption of abuse*, and sign Part 3. Then submit this supplement with the signed Form 122A-1.

- Are you or have you been a Reservist or member of the National Guard?
  - No. Complete Form 122A-1. Do not submit this supplement.
  - Yes. Were you called to active duty or did you perform a homeland defense activity? 10 U.S.C. § 101(d)(1); 32 U.S.C. § 901(1).
    - No. Complete Form 122A-1. Do not submit this supplement.
    - Yes. Check any one of the following categories that applies:
      - I was called to active duty after September 11, 2001, for at least 90 days and remain on active duty.
      - I was called to active duty after September 11, 2001, for at least 90 days and was released from active duty on \_\_\_\_\_, which is fewer than 540 days before I file this bankruptcy case.
      - I am performing a homeland defense activity for at least 90 days.
      - I performed a homeland defense activity for at least 90 days, ending on \_\_\_\_\_, which is fewer than 540 days before I file this bankruptcy case.

If you checked one of the categories to the left, go to Form 122A-1. On the top of page 1 of Form 122A-1, check box 3, *The Means Test does not apply now*, and sign Part 3. Then submit this supplement with the signed Form 122A-1. You are not required to fill out the rest of Official Form 122A-1 during the exclusion period. The *exclusion period* means the time you are on active duty or are performing a homeland defense activity, and for 540 days afterward. 11 U.S.C. § 707(b)(2)(D)(ii).

If your exclusion period ends before your case is closed, you may have to file an amended form later.

Fill in this information to identify your case:

|  |                           |             |               |           |
|--|---------------------------|-------------|---------------|-----------|
| Debtor 1<br>First Name   | <u>PARNELL</u>            | Middle Name | <u>COLVIN</u> | Last Name |
| Debtor 2<br>(Spouse, if filing) First Name                                 |                           | Middle Name |               | Last Name |
| United States Bankruptcy Court for the: <u>SOUTHERN DISTRICT OF NEVADA</u> | District of <u>NEVADA</u> |             |               |           |
| Case number<br>(if known)  | <u>15-16662-MKN</u>       |             |               |           |

Check the appropriate box as directed in lines 40 or 42:

According to the calculations required by this Statement:

1. There is no presumption of abuse.  
 2. There is a presumption of abuse.

Check if this is an amended filing

## Official Form 122A-2

### Chapter 7 Means Test Calculation

12/15

To fill out this form, you will need your completed copy of *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1).

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

#### Part 1: Determine Your Adjusted Income

1. Copy your total current monthly income..... Copy line 11 from Official Form 122A-1 here → \$ 0

2. Did you fill out Column B in Part 1 of Form 122A-1?

- No. Fill in \$0 for the total on line 3.  
 Yes. Is your spouse filing with you?  
 No. Go to line 3.  
 Yes. Fill in \$0 for the total on line 3.

3. Adjust your current monthly income by subtracting any part of your spouse's income not used to pay for the household expenses of you or your dependents. Follow these steps:

On line 11, Column B of Form 122A-1, was any amount of the income you reported for your spouse NOT regularly used for the household expenses of you or your dependents?

- No. Fill in 0 for the total on line 3.  
 Yes. Fill in the information below.

**State each purpose for which the income was used**

For example, the income is used to pay your spouse's tax debt or to support people other than you or your dependents

**Fill in the amount you are subtracting from your spouse's income**

---



---



---

\$ 0  
\$ 0  
+ \$ 0  
\$ 0

Total.....

Copy total here →

-\$ 0  
\$ 0

4. Adjust your current monthly income. Subtract the total on line 3 from line 1.

Debtor 1

PACULL

First Name

Colvin

Middle Name

Last Name

Case number (if known)

15-16662-MKN

**Part 2:****Calculate Your Deductions from Your Income**

The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to answer the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This information may also be available at the bankruptcy clerk's office.

Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not deduct any amounts that you subtracted from your spouse's income in line 3 and do not deduct any operating expenses that you subtracted from income in lines 5 and 6 of Form 122A-1.

If your expenses differ from month to month, enter the average expense.

Whenever this part of the form refers to *you*, it means both you and your spouse if Column B of Form 122A-1 is filled in.

**5. The number of people used in determining your deductions from income**

Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household.

2

**National Standards** You must use the IRS National Standards to answer the questions in lines 6-7.

**6. Food, clothing, and other items:** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items.

\$ 200

**7. Out-of-pocket health care allowance:** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories—people who are under 65 and people who are 65 or older—because older people have a higher IRS allowance for health care costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.

**People who are under 65 years of age**

7a. Out-of-pocket health care allowance per person

\$ 0

7b. Number of people who are under 65

x 3

7c. Subtotal. Multiply line 7a by line 7b.

\$ 0 Copy here → \$ 0

**People who are 65 years of age or older**

7d. Out-of-pocket health care allowance per person

\$ 0

7e. Number of people who are 65 or older

x 0

7f. Subtotal. Multiply line 7d by line 7e.

\$ 0 Copy here → + \$ 0

7g. Total. Add lines 7c and 7f.....

\$ 0

Copy total here →

\$ 0

Debtor 1

PARNELL

First Name

Middle Name

Colvin

Last Name

Case number (if known)

15-16662-Mkn

**Local Standards** You must use the IRS Local Standards to answer the questions in lines 8-15.

Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts:

- Housing and utilities – Insurance and operating expenses
- Housing and utilities – Mortgage or rent expenses

To answer the questions in lines 8-9, use the U.S. Trustee Program chart.

To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.

8. **Housing and utilities – Insurance and operating expenses:** Using the number of people you entered in line 5, fill in the dollar amount listed for your county for insurance and operating expenses. \$ 100

9. **Housing and utilities – Mortgage or rent expenses:**

9a. Using the number of people you entered in line 5, fill in the dollar amount listed for your county for mortgage or rent expenses. \$ 1750

9b. Total average monthly payment for all mortgages and other debts secured by your home.

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

Name of the creditor

Average monthly payment

William Croft

\$ 1750

ENAS Croft

\$ \_\_\_\_\_

+ \$ \_\_\_\_\_

Total average monthly payment

\$ 1750

Copy here →

-\$ 1750

Repeat this amount on line 33a.

9c. Net mortgage or rent expense.

Subtract line 9b (total average monthly payment) from line 9a (mortgage or rent expense). If this amount is less than \$0, enter \$0.

\$ 1750

Copy here →

\$ 1750

10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and affects the calculation of your monthly expenses, fill in any additional amount you claim. \$ 0

Explain why:

11. **Local transportation expenses:** Check the number of vehicles for which you claim an ownership or operating expense.

- 0. Go to line 14.
- 1. Go to line 12.
- 2 or more. Go to line 12.

12. **Vehicle operation expense:** Using the IRS Local Standards and the number of vehicles for which you claim the operating expenses, fill in the *Operating Costs* that apply for your Census region or metropolitan statistical area. \$ 8

Debtor 1

PARNELL

First Name

Middle Name

Colvin

Last Name

Case number (if known)

15-16662-Mkn

- 13. Vehicle ownership or lease expense:** Using the IRS Local Standards, calculate the net ownership or lease expense for each vehicle below. You may not claim the expense if you do not make any loan or lease payments on the vehicle. In addition, you may not claim the expense for more than two vehicles.

**Vehicle 1 Describe Vehicle 1:**

(Handwritten note: A large circle is drawn over the entire line.)

---



---

13a. Ownership or leasing costs using IRS Local Standard. .... \$ \_\_\_\_\_

13b. Average monthly payment for all debts secured by Vehicle 1.  
Do not include costs for leased vehicles.

To calculate the average monthly payment here and on line 13e, add all amounts that are contractually due to each secured creditor in the 60 months after you filed for bankruptcy. Then divide by 60.

**Name of each creditor for Vehicle 1**

(Handwritten note: A large circle is drawn over the entire line.)

---



---

**Average monthly payment**

\$  
+ \$  
\$

**Total average monthly payment**

Copy here →

(Handwritten note: A large circle is drawn over the entire line.)

— \$

Repeat this amount on line 33b.

Copy net Vehicle 1 expense here... →

(Handwritten note: A large circle is drawn over the entire line.)

\$

13c. Net Vehicle 1 ownership or lease expense

Subtract line 13b from line 13a. If this amount is less than \$0, enter \$0. ....

(Handwritten note: A large circle is drawn over the entire line.)

**Vehicle 2 Describe Vehicle 2:**

(Handwritten note: A large circle is drawn over the entire line.)

---



---

13d. Ownership or leasing costs using IRS Local Standard. ....

\$

13e. Average monthly payment for all debts secured by Vehicle 2.  
Do not include costs for leased vehicles.**Name of each creditor for Vehicle 2**

(Handwritten note: A large circle is drawn over the entire line.)

---



---

**Average monthly payment**

\$  
+ \$  
\$

**Total average monthly payment**

Copy here →

(Handwritten note: A large circle is drawn over the entire line.)

— \$

Repeat this amount on line 33c.

Copy net Vehicle 2 expense here... →

(Handwritten note: A large circle is drawn over the entire line.)

\$

13f. Net Vehicle 2 ownership or lease expense

Subtract line 13e from 13d. If this amount is less than \$0, enter \$0. ....

**14. Public transportation expense:** If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the *Public Transportation* expense allowance regardless of whether you use public transportation.

**15. Additional public transportation expense:** If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may not claim more than the IRS Local Standard for *Public Transportation*.

Debtor 1

Aeneil

First Name

Colin

Middle Name

Last Name

Case number (if known)

15-16662-MKN

**Other Necessary Expenses** In addition to the expense deductions listed above, you are allowed your monthly expenses for the following IRS categories.

**16. Taxes:** The total monthly amount that you will actually owe for federal, state and local taxes, such as income taxes, self-employment taxes, Social Security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes.

\$ N/A

Do not include real estate, sales, or use taxes.

**17. Involuntary deductions:** The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs.

\$ 0

Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings.

\$ 0

**18. Life insurance:** The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term.

\$ 0

**19. Court-ordered payments:** The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments.

\$ 100

Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35.

\$ 0

**20. Education:** The total monthly amount that you pay for education that is either required:

- as a condition for your job, or
- for your physically or mentally challenged dependent child if no public education is available for similar services.

\$ 0

**21. Childcare:** The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool.

\$ 0

Do not include payments for any elementary or secondary school education.

\$ 0

**22. Additional health care expenses, excluding insurance costs:** The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25.

+ \$ 0

**23. Optional telephones and telephone services:** The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer.

Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122A-1, or any amount you previously deducted.

+ \$ 0

**24. Add all of the expenses allowed under the IRS expense allowances.**

Add lines 6 through 23.

|                |
|----------------|
| \$ <u>1750</u> |
|----------------|

Debtor 1

Powell

Middle Name

Colvin

Last Name

Case number (if known)

15-16662-Mkn**Additional Expense Deductions**

These are additional deductions allowed by the Means Test.

Note: Do not include any expense allowances listed in lines 6-24.

**25. Health insurance, disability insurance, and health savings account expenses.** The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents.

Health insurance

\$ 0

Disability insurance

\$ 0

Health savings account

+ \$ 0

Total

|             |
|-------------|
| \$ <u>0</u> |
|-------------|

Copy total here ➔

\$ 0

Do you actually spend this total amount?

- No. How much do you actually spend? \$ 0
- Yes

**26. Continuing contributions to the care of household or family members.** The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b).

\$ 100

**27. Protection against family violence.** The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.

\$ 0

By law, the court must keep the nature of these expenses confidential.

**28. Additional home energy costs.** Your home energy costs are included in your insurance and operating expenses on line 8.

If you believe that you have home energy costs that are more than the home energy costs included in expenses on line 8, then fill in the excess amount of home energy costs.

\$ 0

You must give your case trustee documentation of your actual expenses, and you must show that the additional amount claimed is reasonable and necessary.

**29. Education expenses for dependent children who are younger than 18.** The monthly expenses (not more than \$156.25\* per child) that you pay for your dependent children who are younger than 18 years old to attend a private or public elementary or secondary school.

\$ 0

You must give your case trustee documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in lines 6-23.

\* Subject to adjustment on 4/01/16, and every 3 years after that for cases begun on or after the date of adjustment.

**30. Additional food and clothing expense.** The monthly amount by which your actual food and clothing expenses are higher than the combined food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards.

\$ 0

To find a chart showing the maximum additional allowance, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.

You must show that the additional amount claimed is reasonable and necessary.

**31. Continuing charitable contributions.** The amount that you will continue to contribute in the form of cash or financial instruments to a religious or charitable organization. 26 U.S.C. § 170(c)(1)-(2).

+ \$ 0

**32. Add all of the additional expense deductions.**

Add lines 25 through 31.

|             |
|-------------|
| \$ <u>0</u> |
|-------------|

Debtor 1

PANEII

First Name

Colvin

Middle Name

Last Name

Case number (if known)

15-16662-mkn

**Deductions for Debt Payment**

**33. For debts that are secured by an interest in property that you own, including home mortgages, vehicle loans, and other secured debt, fill in lines 33a through 33e.**

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

**Mortgages on your home:**

33a. Copy line 9b here ..... → \$ 0

**Loans on your first two vehicles:**

33b. Copy line 13b here. ..... → \$ 0

33c. Copy line 13e here. ..... → \$ 0

33d. List other secured debts:

Name of each creditor for other secured debt

Identify property that secures the debt

Does payment include taxes or insurance?

No  
 Yes

\$ 0

No  
 Yes

\$ 0

No  
 Yes

+ \$ 0

33e. Total average monthly payment. Add lines 33a through 33d. ....

\$ 0

Copy total here →

\$ 0

**34. Are any debts that you listed in line 33 secured by your primary residence, a vehicle, or other property necessary for your support or the support of your dependents?**

No. Go to line 35.

Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the *cure amount*). Next, divide by 60 and fill in the information below.

Name of the creditor

Identify property that secures the debt

Total cure amount

Monthly cure amount

\_\_\_\_\_

\_\_\_\_\_

\$ \_\_\_\_\_

+ 60 =

\$ \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\$ \_\_\_\_\_

+ 60 =

\$ \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\$ \_\_\_\_\_

+ 60 =

+ \$ \_\_\_\_\_

Total

\$ \_\_\_\_\_

Copy total here →

\$ \_\_\_\_\_

**35. Do you owe any priority claims such as a priority tax, child support, or alimony — that are past due as of the filing date of your bankruptcy case? 11 U.S.C. § 507.**

No. Go to line 36.

Yes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19.

Total amount of all past-due priority claims ..... *Child Support* .....

\$ 100

+ 60 =

\$ 6000

Debtor 1

Powell

First Name

Middle Name

Colvin

Last Name

Case number (if known)

15-16662-MKN

## 36. Are you eligible to file a case under Chapter 13? 11 U.S.C. § 109(e).

For more information, go online using the link for *Bankruptcy Basics* specified in the separate instructions for this form. *Bankruptcy Basics* may also be available at the bankruptcy clerk's office.

 No. Go to line 37. Yes. Fill in the following information.Projected monthly plan payment if you were filing under Chapter 13 \$ 0

Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by the Executive Office for United States Trustees (for all other districts). X 0

To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

Average monthly administrative expense if you were filing under Chapter 13 \$ 0

Copy total here →

\$ 0

## 37. Add all of the deductions for debt payment.

Add lines 33e through 36. ....

\$ 0

## Total Deductions from Income

## 38. Add all of the allowed deductions.

Copy line 24, All of the expenses allowed under IRS expense allowances. .... \$ 100Copy line 32, All of the additional expense deductions. .... \$ 200Copy line 37, All of the deductions for debt payment. .... + \$ 0

Total deductions

\$ 0

Copy total here .....

\$ 0

## Part 3: Determine Whether There Is a Presumption of Abuse

## 39. Calculate monthly disposable income for 60 months

39a. Copy line 4, adjusted current monthly income .... \$ 039b. Copy line 38, Total deductions. .... - \$ 039c. Monthly disposable income. 11 U.S.C. § 707(b)(2). Subtract line 39b from line 39a. \$ 0

For the next 60 months (5 years) .... × 60

39d. Total. Multiply line 39c by 60. \$ 0

Copy here →

\$ 0

## 40. Find out whether there is a presumption of abuse. Check the box that applies:

 The line 39d is less than \$7,475\*. On the top of page 1 of this form, check box 1, *There is no presumption of abuse*. Go to Part 5. The line 39d is more than \$12,475\*. On the top of page 1 of this form, check box 2, *There is a presumption of abuse*. You may fill out Part 4 if you claim special circumstances. Then go to Part 5. The line 39d is at least \$7,475\*, but not more than \$12,475\*. Go to line 41.

\* Subject to adjustment on 4/01/16, and every 3 years after that for cases filed on or after the date of adjustment.

Debtor 1

PAROELL

Middle Name

Colvin

Last Name

Case number (if known)

15-16662-MKN

41. 41a. Fill in the amount of your total nonpriority unsecured debt. If you filled out A Summary of Your Assets and Liabilities and Certain Statistical Information Schedules (Official Form 106Sum), you may refer to line 3b on that form.....

\$ 0

x .25

|             |             |
|-------------|-------------|
| \$ <u>0</u> | Copy here → |
|-------------|-------------|

|             |
|-------------|
| \$ <u>0</u> |
|-------------|

41b. 25% of your total nonpriority unsecured debt. 11 U.S.C. § 707(b)(2)(A)(i)(I).

Multiply line 41a by 0.25.....

42. Determine whether the income you have left over after subtracting all allowed deductions is enough to pay 25% of your unsecured, nonpriority debt.

Check the box that applies:

Line 39d is less than line 41b. On the top of page 1 of this form, check box 1, *There is no presumption of abuse*. Go to Part 5.

Line 39d is equal to or more than line 41b. On the top of page 1 of this form, check box 2, *There is a presumption of abuse*. You may fill out Part 4 if you claim special circumstances. Then go to Part 5.

#### Part 4: Give Details About Special Circumstances

43. Do you have any special circumstances that justify additional expenses or adjustments of current monthly income for which there is no reasonable alternative? 11 U.S.C. § 707(b)(2)(B).

No. Go to Part 5.

Yes. Fill in the following information. All figures should reflect your average monthly expense or income adjustment for each item. You may include expenses you listed in line 25.

You must give a detailed explanation of the special circumstances that make the expenses or income adjustments necessary and reasonable. You must also give your case trustee documentation of your actual expenses or income adjustments.

Give a detailed explanation of the special circumstances

Average monthly expense or income adjustment

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#### Part 5: Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.



Signature of Debtor 1

Date 12/13/2015  
MM / DD / YYYY



Signature of Debtor 2

Date \_\_\_\_\_  
MM / DD / YYYY